MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045933

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11151 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FILED NOV 22 1963

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Lukes Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: St. Louis
c. CITY OR TOWN: University City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 8401 Delmar Blvd — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First BERTA Middle B Last REDFIELD

4. DATE OF DEATH: Month Nov. Day II Year 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: I/24/1902

9. AGE (last birthday): 61 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Yankton South Dakota

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Bertram M Banton

13b. MOTHER'S MAIDEN NAME: Gertrude Hildebrand

14. NAME OF HUSBAND OR WIFE: J. Miller Redfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi): NO

16. SOCIAL SECURITY NO.

17. INFORMANT Address: J. Miller Redfield 8401 Delmar

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Venous Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Ulcerative Colitis — 3 years
DUE TO (c): 572.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 20, 1963 to Nov 11, 1963 and last saw (her) him alive on Nov 11, 1963
Death occurred at 4 30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Alan McAfee M. D. — 22b. ADDRESS: 100 N Euclid — 22c. DATE SIGNED: 11/11/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation — 23b. DATE: II/I2/1963 — 23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Crematory — 23d. LOCATION (City, town, or county) (State): St. Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS: Lupton Chapel 7233 Delmar Blvd.

25. DATE RECD. BY LOCAL REG. NOV 12 1963 Nov. 12, 1963

26. REGISTRAR'S SIGNATURE: Hoad Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Redfield
Dr Macafee 100 No. Euclid
City Vis

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clarence J. Murray

Licensed Embalmer No. 401

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.